

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.5em; font-family: cursive;">10/660816</div>	<small>FILING DATE</small>				
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
1								51				
2								52				
3								53				
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44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.		2						TOTAL IND.				
TOTAL DEP.								TOTAL DEP.				
TOTAL CLAIMS		2						TOTAL CLAIMS				